WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE — BUREAU OF THE CENSUS

FILE AUG 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25906

District No. 713 — Primary Registration District No. 5942 — Registrar's No. 19

1. PLACE OF DEATH:
(a) County Pulaski (Callaway Times)
(b) City or town Fort Leonard Wood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days — In this community 2 months, 6 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County Unknown
(c) City or town Homer
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — —

3. (a) PRINT FULL NAME Jack H. Williams
3. (b) If veteran, name war — —
3. (c) Social Security No. — —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — —
6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased September (Month) 29 (Day) 1916. (Year)

8. AGE: Years 24 | Months 10 | Days 9 | If less than one day — hr. — min.

9. Birthplace Texarkana (City, town, or county) Texas (State or foreign country)
10. Usual occupation Corporal - U.S.Army - 20636816
11. Industry or business Battery C, 119th F.A.

MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Ella Mae
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address Rolla Funeral Home, Rolla, Mo
19. (a) 8/8/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/6/41, 19—, to 8/7/41, 19—; that I last saw him alive on 8/7/41, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Multiple contusions and lacerations of brain, traumatic.	38 hrs.
(2) Fractured Femur	38 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8/6/41
(c) Where did injury occur? Highway 66, East of Lebanon Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? Yes (e) Means of injury Auto accident.
23. Signature [signature] M. D. or other
Address Sta Hosp, Ft Leonard Wood, Mo Date signed 8/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 41-33
Date Filed [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Lou A Clark

Licensed Embalmer No. 4216

P. O. Address Tolla Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29268

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STANDARD CERTIFICATE OF DEATH

State File No. 25906

Registration District No. 713 Primary Registration District No. 5942 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Fort Leonard Wood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack H. Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Day
year 1941 hour P.M. minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Contusions and Lacerations of brain, Traumatic Fracture Femur	
Due to: Auto accident which occurred when ~~he~~ Military Police truck which he was in was struck by a Passenger Bus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident - auto
(b) Date of occurrence 8/16/41
(c) Where did injury occur? Highway 66 East of Lebanon Mo
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - state maintained highway
(Specify type of place)
While at work? Yes (c) Means of injury auto accident

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY